

0530

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5255

BIRTH NO. 2		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 6630		Registrar's No. 238	
1. PLACE OF DEATH a. COUNTY <u>Leclaire</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Leclaire</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lebanon</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Brice Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Lebanon Brice Rt.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>M. Lee</u>		c. (Last) <u>Orr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 12 1896</u>	
9. AGE (In years last birthday) <u>53</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick layer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Krupwig Construction Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lewis M. Orr Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Laura R. Schultz</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Orr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>462-18-2216</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Orr</u>		ADDRESS <u>Lebanon Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4. 2201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard L. Palmer</u>		3 (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>2/9/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/12/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vinland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vinland - Kansas</u>	
DATE REC'D BY LOCAL REG. <u>12-10-1950</u>		REGISTRAR'S SIGNATURE <u>Altha L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>		ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1950

FEB 17 1950

Received

Laclede County Health Unit

File No. 2-50-33

Date Filed FEB 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. 343

working under my personal supervision.

Student Stanley R. Palmer
Student Embalmer

Signed

Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.